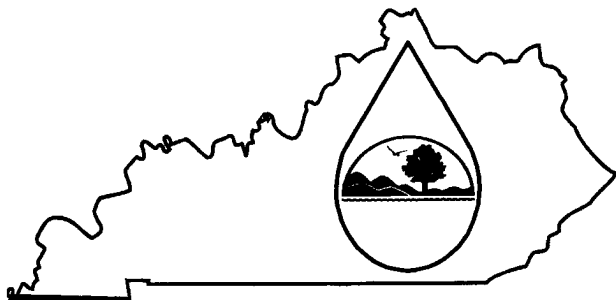
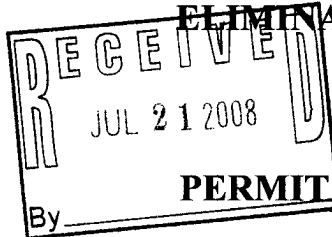


KPDES FORM 1

2543



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC.

For additional information contact:

KPDES Branch (502) 564-3410

\$240.00ck.

I. FACILITY LOCATION AND CONTACT INFORMATION

AGENCY
USE

0101401

A. Name of business, municipality, company, etc. requesting permit
Gatliff Coal Company

B. Facility Name and Location

Facility Location Name:

Gatliff Coal Company, Moore's Creek - DMRE Permit No. 861-5295

Facility Location Address (i.e. street, road, etc., not PO Box):

Moore's Creek Road

Facility Location City, State, Zip Code:

Dewitt, Knox County, Kentucky

C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.

Facility Contact Name and Title: Mr. ☒ Ms. ☐

Roger Douglas / Engineering Department

Mailing Address:

200 Allison Blvd

Mailing City, State, Zip Code:

Corbin, KY 40701

Facility Contact Telephone Number:

606-523-4254

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Underground coal mine

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code &
Description:

1221

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Knox

City where facility is located (if applicable):

N/A

C. Body of water receiving discharge:

Moore's Creek

D. Facility Site Latitude (degrees, minutes, seconds):

36 50 48

Facility Site Longitude (degrees, minutes, seconds):

83 42 56

E. Method used to obtain latitude & longitude (see instructions): topo map

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A

KPDES FORM 1

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE							
A. Name of business, municipality, company, etc. requesting permit CITY OF GREENSBURG									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.				
Facility Location Name: GREENSBURG WASTEWATER TREATMENT PLANT					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> EDDIE WRIGHT				
Facility Location Address (i.e. street, road, etc., not PO Box): 127 SHADY LANE					Mailing Address: 127 SHADY LANE				
Facility Location City, State, Zip Code: GREENSBURG KY 42743					Mailing City, State, Zip Code: GREENSBURG KY 42743				
					Facility Contact Telephone Number: 270-932-5703				

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: MUNICIPAL WASTEWATER TREATMENT FACILITY			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:	4952 SEWAGE SYSTEM		
Other SIC Codes:			

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: GREEN	City where facility is located (if applicable): GREENSBURG
C. Body of water receiving discharge: GREEN RIVER	
D. Facility Site Latitude (degrees, minutes, seconds): 37degrees - 14 minutes - 56 seconds North	Facility Site Longitude (degrees, minutes, seconds): 85 degrees -30 minutes - 18 seconds West
E. Method used to obtain latitude & longitude (see instructions): TOPO MAP	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

EDDIE WRIGHT

Telephone Number:

270-932-5703

Operator Mailing Address (Street):

127 SHADY LANE

Operator Mailing Address (City, State, Zip Code):

GREENSBURG KY 42743

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

II

Certification Number:

7725

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0023841

Issue Date of Current Permit:

MARCH 1, 2006

Expiration Date of Current Permit:

JUNE 30, 2009

Number of Times Permit Reissued:

8

Date of Original Permit Issuance:

APRIL 15, 1974

Sludge Disposal Permit Number:

N/A

Kentucky DOW Operational Permit #:

N/A

Kentucky DSMRE Permit Number(s):

N/A

N/A

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	N/A	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

EDDIE WRIGHT CHIEF OPERATOR

DMR Official Telephone Number:

270-932-5703

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

McCOY AND McCOY LABORATORIES

DMR Mailing Address:

85 EAST NOEL AVENUE

DMR Mailing City, State, Zip Code:

MADISONVILLE KY 42431

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Public Owned Treatment Works (No Fee Due)

Filing Fee Enclosed:

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Mr. ☒ Ms. ☐ GEORGE "LISLE" CHEATHAM II MAYOR

SIGNATURE



TELEPHONE NUMBER (area code and number):


270-932-4298

DATE:

8/21/2008

257 N NE
(FOUNT)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

83° 45' 25.500m. E.
36° 52' 30" 

¹_N SCALF 4.5 MI.

257

258

42'30"

403 400m.N

4097

4092 1/2

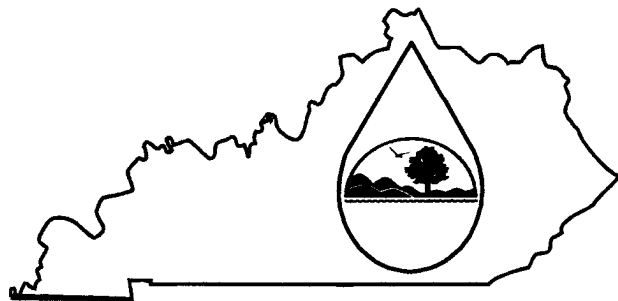
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KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Moore's Creek Underground Mine				County: Knox			
I. OUTFALL LOCATION				AGENCY USE			

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
1	36	50	39	83	43	02	Moore's Creek
2	36	50	42	83	42	58	Moore's Creek

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
1	underground mine drainage	5 gal/min	Sedimentation (settling)	1-U
	storm water runoff	0.1 gal/min		
2	storm water runoff	0.1 gal/min	Sedimentation (settling)	1-U

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.)

☒ No (Go to Section III.)

OUTFALL NUMBER	OPERATIONS CONTRIBUTING FLOW	FREQUENCY		FLOW				
		Days Per Week	Months Per Year	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
(list)	(list)	(specify average)	(specify average)					

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C)

☒ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table)

☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below)

☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

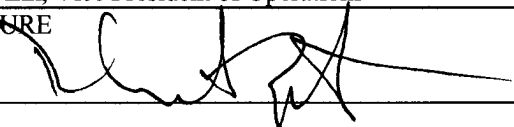
☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)

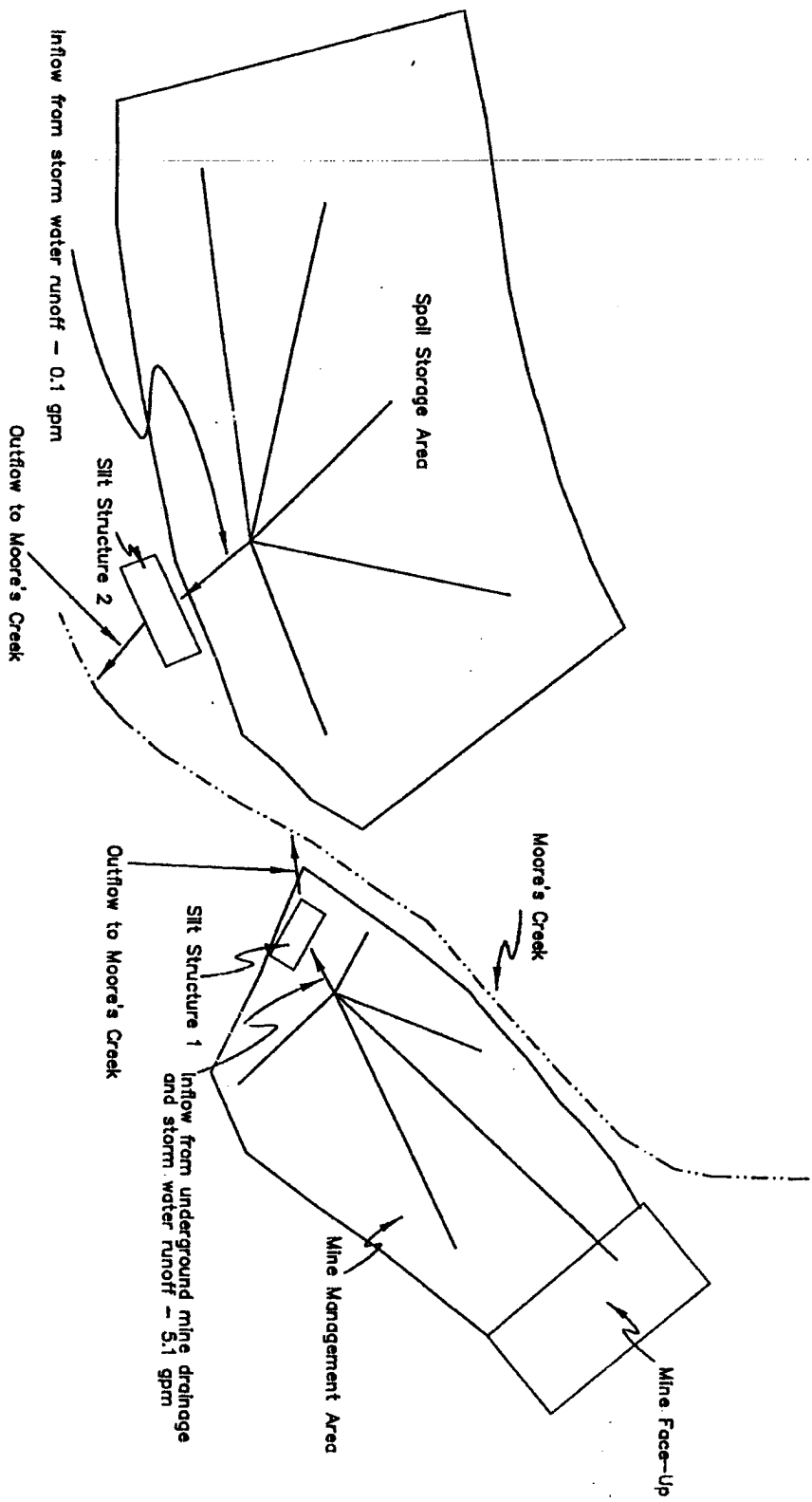
☒ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Robert J. Zik, Vice President of Operations	TELEPHONE NUMBER (area code and number): 606-523-4444
SIGNATURE 	DATE 7-17-08



Water Flow Diagram - Not to Scale

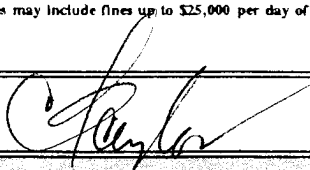
KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)

COAL ONLY DISCHARGE MONITORING REPORT (COAL ONLY DMR)

NAME:	GATLIFF COAL CO. (20320)	KPDES NUMBER:	KY6400001
ADDRESS:	P.O. BOX 39	DSMRE NUMBER:	861-5294
	NEVISDALE, KY 40754	MONITORING PERIOD:	08/01/95-08/31/95
FACILITY:	BAIN BRANCH		
LOCATION:	2 M E OF BRYANTS ST BAIN	COUNTY:	KNOX

OUTFALL NO. 001	TYPE OF OPERATION: Unknown!!!!!!!!!!!!!!!!!!!!									
EFFLUENT CHARACTERISTICS										
DATE	FLOW	pH	TSS	SS	IRON	IRON (TR)	Mn	ACIDITY	ALKALINITY	PRECIPITATION
08/09/95	0.02196	8.00	2.90		0.18		0.11	-320.76	319.20	

OUTFALL NO. 01A	TYPE OF OPERATION: DISCHARGES FROM UNDERGROUND WORKINGS OF UNDERGROUND MINES NS									
EFFLUENT CHARACTERISTICS										
DATE	FLOW	pH	TSS	SS	IRON	IRON (TR)	Mn	ACIDITY	ALKALINITY	PRECIPITATION
08/09/95	0.02196	8.20	0.90		0.05		0.00	-423.83	427.12	

<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. And based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment. See 401 KAR 5:065 and KRS 224.99-010 (Penalties under these statutes may include fines up to \$25,000 per day of violation or by imprisonment for not less than one year and not more than five years or by both).</p>				
CLARK TAYLOR	/V-P CONTROLLER		606-549-5452	10/17/95
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE	TELEPHONE	DATE

<p>COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</p> <p>No Flow: 001 on 08/22/1995</p> <p>No Flow: 01A on 08/22/1995</p>

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)										OUTFALL NO. 2	
Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.											
1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass					
a. Biochemical Oxygen Demand (BOD)											
b. Chemical Oxygen Demand (COD)											
c. Total Organic Carbon (TOC)											
d. Total Suspended Solids (TSS)	12.00 mg/l						1	12.00 mg/l			
e. Ammonia (as N)											
f. Flow (in units of MGD)	VALUE	0.000144 MGD	VALUE		VALUE		1		MGD	VALUE	
g. Temperature (winter)	VALUE		VALUE		VALUE				°C	VALUE	
h. Temperature (summer)	VALUE		VALUE		VALUE				°C	VALUE	
i. pH	MINIMUM 6	MAXIMUM 9	MINIMUM	MAXIMUM			1	STANDARD UNITS			

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

Requirements:														
1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		6. INTAKE (optional)			
	a.	b.	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Value	(2) Mass	
a. Bromide (24959-67-9)														
b. Bromine Total Residual														
c. Chloride														
d. Chlorine, Total Residual														
e. Color														
f. Fecal Coliform														
g. Fluoride (16984-48-8)														
h. Hardness (as CaCO ₃)	X		55.00 mg/l						1	55.00 mg/l				
i. Nitrate – Nitrite (as N)														
j. Nitrogen, Total Organic (as N)														
k. Oil and Grease														
l. Phosphorous (as P), Total 7723-14-0														
m. Radioactivity														
(1) Alpha, Total														
(2) Beta, Total														
(3) Radium Total														
(4) Radium, 226, Total														

Part B - Continued														
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass						
n. Sulfate (as SO ₄) (14808-79-8)	X		30.00 mg/l						1	30.00 mg/l				
o. Sulfide (as S)														
p. Sulfite (as SO ₃) (14286-46-3)														
q. Surfactants														
r. Aluminum, Total (7429-90)														
s. Barium, Total (7440-39-3)														
t. Boron, Total (7440-42-8)														
u. Cobalt, Total (7440-48-4)														
v. Iron, Total (7439-89-6)	X		0.15 mg/l						1	0.15 mg/l				
w. Magnesium Total (7439-96-4)														
x. Molybdenum Total (7439-98-7)														
y. Manganese, Total (7439-96-6)	X		0.30 mg/l						1	0.30 mg/l				
z. Tin, Total (7440-31-5)														
aa. Titanium, Total (7440-32-6)														

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark “X” in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark “X” in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark “X” in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part, please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass						
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)	X			<0.001 mg/l						1	<0.001 mg/l				
2M. Arsenic, Total (7440-38-2)	X			<0.001 mg/l						1	<0.001 mg/l				
3M. Beryllium Total (7440-41-7)	X			<0.001 mg/l						1	<0.001mg/l				
4M. Cadmium Total (7440-43-9)	X			<0.001 mg/l						1	<0.001 mg/l				
5M. Chromium Total (7440-43-9)	X			0.001 mg/l						1	0.001 mg/l				
6M. Copper Total (7550-50-8)	X			<0.001 mg/l						1	<0.001 mg/l				
7M. Lead Total (7439-92-1)	X			<0.001 mg/l						1	<0.001 mg/l				
8M. Mercury Total (7439-97-6)	X			0.0019 mg/l						1	<0.0019 mg/l				
9M. Nickel, Total (7440-02-0)	X			0.009 mg/l						1	0.009 mg/l				
10M. Selenium, Total (7782-49-2)	X			0.001 mg/l						1	0.001 mg/l				
11M. Silver, Total (7440-28-0)	X			<0.001 mg/l						1	<0.001 mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day		c. Long-Term Avg.		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses		
				Maximum Daily Value (1)	Mass (2)	Value (if available) (1)	Mass (2)	Value (if available) (1)	Mass (2)				Long-Term Avg Value (1)	Mass (2)			
METALS, CYANIDE AND TOTAL PHENOLS (Continued)																	
12M. Thallium, Total (7440-28-0)	X			<0.001 mg/l						1	<0.001 mg/l						
13M. Zinc, Total (7440-66-6)	X			<0.001 mg/l						1	<0.001 mg/l						
14M. Cyanide, Total (57-12-5)	X			<0.01 mg/l						1	<0.01 mg/l						
15M. Phenols, Total	X			0.007 mg/l						1	0.007 mg/l						
DIOXIN																	
2,3,7,8 Tetra- chlorodibenzo, P, Dioxin (1784-01-6)				DESCRIBE RESULTS:													
GC/MS FRACTION - VOLATILE COMPOUNDS																	
1V. Acrolein (107-02-8)																	
2V. Acrylonitrile (107-13-1)																	
3V. Benzene (71-43-2)																	
5V. Bromoform (75-25-2)																	
6V. Carbon Tetrachloride (56-23-5)																	
7V. Chloro- benzene (108-90-7)																	
8V. Chlorodibro- momethane (124-48-1)																	

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				
9V. Chloroethane (74-00-3)			X										
10V. 2-Chloro-ethyl(vinyl) Ether (110-75-8)			X										
11V. Chloroform (67-66-3)			X										
12V. Dichloro-bromomethane (75-71-8)			X										
14V. 1,1-Dichloroethane (75-34-3)			X										
15V. 1,2-Dichloroethane (107-06-2)			X										
16V. 1,1-Dichloroethylene (75-35-4)			X										
17V. 1,2-Di-chloropropane (78-87-5)			X										
18V. 1,3-Dichloropro-pylene (452-75-6)			X										
19V. Ethyl-benzene (100-41-4)			X										
20V. Methyl Bromide (74-83-9)			X										

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)		
a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21 V. Methyl Chloride (74-87-3)			X											
22 V. Methylene Chloride (75-00-2)			X											
23 V. 1,1,2,2-Tetrachloro-ethane (79-34-5)			X											
24 V. Tetrachloro-ethylene (127-18-4)			X											
25 V. Toluene (108-88-3)			X											
26 V. 1,2-Trans-Dichloro-ethylene (156-60-5)			X											
27 V. 1,1,1-Trifluoroethane (71-55-6)			X											
28 V. 1,1,2-Trifluoroethane (79-00-5)			X											
29 V. Trichloro-ethylene (79-01-6)			X											
30 V. Vinyl Chloride (75-01-4)			X											

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)			X												
2A. 2,4-Dichloro- Orophenol (120-83-2)			X												
3A. 2,4-Dimeth- ylphenol (105-67-9)			X												
4A. 4,6-Dinitro- o-cresol (534-52-1)			X												
5A. 2,4-Dinitro- phenol (51-28-5)			X												
6A. 2-Nitro- phenol (88-75-5)			X												
7A. 4-Nitro- phenol (100-02-7)			X												
8A. P-chloro-m- cresol (59-50-7)			X												
9A. Pentachloro- phenol (87-88-5)			X												
10A. Phenol (108-05-2)			X												
11A. 2,4,6-Tri- chlorophenol (88-06-2)			X												
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acena- phthene (83-32-9)			X												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acena- phyllene (208-96-8)			X												
3B. Anthra- cene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo(a)- anthracene (56-55-3)			X												
6B. Benzo(a)- pyrene (50-32-8)			X												
7B. 3,4-Benzo- fluoranthene (205-99-2)			X												
8B. Benzo(ghi) perylene (191-24-2)			X												
9B. Benzo(k)- fluoranthene (207-08-9)			X												
10B. Bis(2- chlor- octoxy)- methane (111-91-1)			X												
11B. Bis (2-chlor- oisopropyl)- Ether			X												
12B. Bis (2-ethyl- hexyl)- phthalate (117-81-7)			X												

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)																
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)			X													
14B. Butyl- benzyl phthalate (85-68-7)			X													
15B. 2-Chloro- naphthalene (7005-72-3)			X													
16B. 4-Chloro- phenyl phenyl ether (7005-72-3)			X													
17B. Chrysene (218-01-9)			X													
18B. Dibenzo- (a,h) Anthracene (53-70-3)			X													
19B. 1,2- Dichloro- benzene (95-50-1)			X													
20B. 1,3- Dichloro- Benzene (541-73-1)			X													
21B. 1,4- Dichloro- benzene (106-46-7)			X													
22B. 3,3- Dichloro- benzidine (91-94-1)			X													
23B. Diethyl Phthalate (84-66-2)			X													

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)																
24B. Dimethyl Phthalate (131-11-3)			X													
25B. Di-N- butyl Phthalate (84-74-2)			X													
26B. 2,4-Dinitro- toluene (121-14-2)			X													
27B. 2,6-Dinitro- toluene (606-20-2)			X													
28B. Di-n-octyl Phthalate (117-84-0)			X													
29B. 1,2- diphenyl- hydrazine (as azonbenzene) (122-66-7)			X													
30B. Fluoranthene (208-44-0)			X													
31B. Fluorene (86-73-7)			X													
32B. Hexachloro- benzene (118-71-1)			X													
33B. Hexachloro- butadiene (87-68-3)			X													
34B. Hexachloro- cyclopenta- diene (77-47-4)			X													

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)	
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day		c. Long-Term Avg.		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses
				Maximum Daily Value (1)	Value (2)	Value (1)	Value (2)	Value (if available) (1)	Value (2)				Long-Term Avg Value (1)	Value (2)	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B. Hexachloroethane (67-72-1)			X												
36B. Indeno-(1,2,3-oc)-Pyrene (193-39-5)			X												
37B. Isophorone (78-59-1)			X												
38B. Naphthalene (91-20-3)			X												
39B. Nitrobenzene (98-95-3)			X												
40B. N-Nitrosodimethylamine (62-75-9)			X												
41B. N-nitrosodipropylamine (621-64-7)			X												
42B. N-nitrosodiphenylamine (86-30-6)			X												
43B. Phenanthrene (85-01-8)			X												
44B. Pyrene (129-00-0)			X												
45B. 1,2,4 Tri-chlorobenzene (120-82-1)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (58-89-9)			X												
4P. gamma-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α- Endosulfan (115-29-7)			X												
12P. β- Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			X												
16P Heptachlor (76-44-8)			X												
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)										OUTFALL NO. 1	
Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.											
1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	b. No of Analyses	
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass					a. Long-Term Avg. Value (1) Concentration
a. Biochemical Oxygen Demand (BOD)											
b. Chemical Oxygen Demand (COD)											
c. Total Organic Carbon (TOC)											
d. Total Suspended Solids (TSS)	9.00 MG/L						1	9.00 MG/L			
e. Ammonia (as N)											
f. Flow (in units of MGD)	VALUE		VALUE		VALUE		1		MGD	VALUE	
g. Temperature (winter)	VALUE		VALUE		VALUE				°C	VALUE	
h. Temperature (summer)	VALUE		VALUE		VALUE				°C	VALUE	
i. pH	MINIMUM 6	MAXIMUM 9	MINIMUM	MAXIMUM			1	STANDARD UNITS			

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		6. INTAKE (optional)			
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Bromide (24959-67-9)														
b. Bromine Total Residual														
c. Chloride														
d. Chlorine, Total Residual														
e. Color														
f. Fecal Coliform														
g. Fluoride (16984-48-8)														
h. Hardness (as CaCO ₃)	X		60 MG/L						1	60 MG/L				
i. Nitrate - Nitrite (as N)														
j. Nitrogen, Total Organic (as N)														
k. Oil and Grease														
l. Phosphorous (as P), Total 7723-14-0														
m. Radioactivity														
(1) Alpha, Total														
(2) Beta, Total														
(3) Radium Total														
(4) Radium, 226, Total														

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day		c. Long-Term Avg.		d. No. of Analyses	a.	b.	a.		b.		
			Maximum Daily Value (1)	(2) Concentration Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				Long-Term Avg. Value (1) Concentration	(2) Mass		No. of Analyses	
n. Sulfate (as SO ₄) (14808-79-8)	X		30.00 mg/l						1	30.00 mg/l						
o. Sulfide (as S)																
p. Sulfite (as SO ₃) (14286-46-3)																
q. Surfactants																
r. Aluminum, Total (7429-90)																
s. Barium, Total (7440-39-3)																
t. Boron, Total (7440-42-8)																
u. Cobalt, Total (7440-48-4)																
v. Iron, Total (7439-89-6)	X		0.15 mg/l						1	0.15 mg/l						
w. Magnesium Total (7439-96-4)																
x. Molybdenum Total (7439-98-7)																
y. Manganese, Total (7439-96-6)	X		0.50 mg/l						1	0.50 mg/l						
z. Tin, Total (7440-31-5)																
aa. Titanium, Total (7440-32-6)																

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark “X” in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark “X” in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark “X” in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** column for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)	X			<0.001 mg/l						1	<0.001 mg/l				
2M. Arsenic, Total (7440-38-2)	X			<0.001 mg/l						1	<0.001 mg/l				
3M. Beryllium Total (7440-41-7)	X			<0.001 mg/l						1	<0.001mg/l				
4M. Cadmium Total (7440-43-9)	X			<0.001 mg/l						1	<0.001 mg/l				
5M. Chromium Total (7440-43-9)	X			0.001 mg/l						1	0.001 mg/l				
6M. Copper Total (7550-50-8)	X			<0.001 mg/l						1	<0.001 mg/l				
7M. Lead Total (7439-92-1)	X			<0.001 mg/l						1	<0.001 mg/l				
8M. Mercury Total (7439-97-6)	X			0.0019 mg/l						1	<0.0019 mg/l				
9M. Nickel, Total (7440-02-0)	X			0.009 mg/l						1	0.009 mg/l				
10M. Selenium, Total (7782-49-2)	X			0.001 mg/l						1	0.001 mg/l				
11M. Silver, Total (7440-28-0)	X			<0.001 mg/l						1	<0.001 mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)	
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)	X			<0.001 mg/l						1	<0.001 mg/l				
13M. Zinc, Total (7440-66-6)	X			<0.001 mg/l						1	<0.001 mg/l				
14M. Cyanide, Total (57-12-5)	X			<0.01 mg/l						1	<0.01 mg/l				
15M. Phenols, Total	X			0.007 mg/l						1	0.007 mg/l				
DIOXIN															
2,3,7,8 Tetra- chlorodibenzo, P, Dioxin (1784-01-6)				DESCRIBE RESULTS:											
GC/MS FRACTION - VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)															
2V. Acrylonitrile (107-13-1)															
3V. Benzene (71-43-2)															
5V. Bromoform (75-25-2)															
6V. Carbon Tetrachloride (56-23-5)															
7V. Chloro- benzene (108-90-7)															
8V. Chlorodibro- momethane (124-48-1)															

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass						
9V. Chloroethane (74-00-3)			X												
10V. 2-Chloro-ethyl/vinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro-bromomethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X												
15V. 1,2-Dichloroethane (107-06-2)			X												
16V. 1,1-Dichloroethylene (75-35-4)			X												
17V. 1,2-Di-chloropropane (78-87-5)			X												
18V. 1,3-Dichloropro-pylene (452-75-6)			X												
19V. Ethyl-benzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
21V. Methyl Chloride (74-87-3)			X													
22V. Methylene Chloride (75-00-2)			X													
23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)			X													
24V. Tetrachloro- ethylene (127-18-4)			X													
25V. Toluene (108-88-3)			X													
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)			X													
27V. 1,1,1-Trifluoro- chloroethane (71-55-6)			X													
28V. 1,1,2-Trifluoro- chloroethane (79-00-5)			X													
29V. Trichloro- ethylene (79-01-6)			X													
30V. Vinyl Chloride (75-01-4)			X													

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses		
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass			
GC/MS FRACTION – ACID COMPOUNDS																	
1A. 2-Chloro-phenol (95-57-8)			X														
2A. 2,4-Dichlor-Orophenol (120-83-2)			X														
3A. 2,4-Dimeth-ylphenol (105-67-9)			X														
4A. 4,6-Dinitro-o-cresol (534-52-1)			X														
5A. 2,4-Dinitro-phenol (51-28-5)			X														
6A. 2-Nitro-phenol (88-75-5)			X														
7A. 4-Nitro-phenol (100-02-7)			X														
8A. P-chloro-m-cresol (59-50-7)			X														
9A. Pentachloro-phenol (87-88-5)			X														
10A. Phenol (108-05-2)			X														
11A. 2,4,6-Tr-chlorophenol (88-06-2)			X														
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS																	
1B. Acena-phthene (83-32-9)			X														

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT								4. UNITS		5. INTAKE (optional)	
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acena- phyliene (208-96-8)			X												
3B. Anthra- cene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo(a)- anthracene (56-55-3)			X												
6B. Benzo(a)- pyrene (50-32-8)			X												
7B. 3,4-Benzo- fluoranthene (205-99-2)			X												
8B. Benzo(ghi) perylene (191-24-2)			X												
9B. Benzo(k)- fluoranthene (207-08-9)			X												
10B. Bis(2- chlor- oethoxy)- methane (111-91-1)			X												
11B. Bis (2-chlor- oisopropyl)- Ether			X												
12B. Bis (2-ethyl- hexyl)- phthalate (117-81-7)			X												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass						
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)			X												
14B. Butyl-benzyl phthalate (85-68-7)			X												
15B. 2-Chloro-naphthalene (7005-72-3)			X												
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)			X												
17B. Chrysene (218-01-9)			X												
18B. Dibenzo-(a,h) Anthracene (53-70-3)			X												
19B. 1,2-Dichloro-benzene (95-50-1)			X												
20B. 1,3-Dichloro-Benzene (541-73-1)			X												
21B. 1,4-Dichloro-benzene (106-46-7)			X												
22B. 3,3-Dichloro-benzidine (91-94-1)			X												
23B. Diethyl Phthalate (84-66-2)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day		c. Long-Term Avg.		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses	
				Maximum Daily Value (1)	Mass (2)	Value (if available) (1)	Mass (2)	Value (if available) (1)	Mass (2)				Long-Term Avg. Value (1)	Mass (2)		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)																
24B. Dimethyl Phthalate (131-11-3)			X													
25B. Di-N- butyl Phthalate (84-74-2)			X													
26B. 2,4-Dinitro- toluene (121-14-2)			X													
27B. 2,6-Dinitro- toluene (606-20-2)			X													
28B. Di-n-octyl Phthalate (117-84-0)			X													
29B. 1,2- diphenyl- hydrazine (as azonbenzene) (122-66-7)			X													
30B. Fluoranthene (208-44-0)			X													
31B. Fluorene (86-73-7)			X													
32B. Hexachloro- benzene (118-71-1)			X													
33B. Hexachloro- butadiene (87-68-3)			X													
34B. Hexachloro- cyclopenta- diene (77-47-4)			X													

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day		c. Long-Term Avg.		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses		
				Maximum Daily Value (1)	Value (2)	Value (if available) (1)	Mass (2)	Value (if available) (1)	Mass (2)				Long-Term Avg Value (1)	Mass (2)			
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)																	
35B. Hexachloroethane (67-72-1)			X														
36B. Indeneo- (1,2,3-oc)- Pyrene (193-39-5)			X														
37B. Isophorone (78-59-1)			X														
38B. Naphthalene (91-20-3)			X														
39B. Nitro- benzene (98-95-3)			X														
40B. N-Nitroso- dimethyl- amine (62-75-9)			X														
41B. N-nitrosodi-n- propylamine (621-64-7)			X														
42B. N-nitro- sodiphenyl- amine (86-30-6)			X														
43B. Phenanthrene (85-01-8)			X														
44B. Pyrene (129-00-0)			X														
45B. 1,2,4 Tri- chloro- benzene (120-82-1)			X														

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (58-89-9)			X												
4P. gamma-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α- Endosulfan (115-29-7)			X												
12P. β- Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT						4. UNITS		5. INTAKE (optional)				
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
GC/MS FRACTION – PESTICIDES																
15P. Endrin Aldehyde (7421-93-4)			X													
16P. Heptachlor (76-44-8)			X													
17P. Heptachlor Epoxide (1024-57-3)			X													
18P. PCB-1242 (53469-21-9)			X													
19P. PCB-1254 (11097-69-1)			X													
20P. PCB-1221 (11104-28-2)			X													
21P. PCB-1232 (11141-16-5)			X													
22P. PCB-1248 (12672-29-6)			X													
23P. PCB-1260 (11096-82-5)			X													
24P. PCB-1016 (12674-11-2)			X													
25P. Toxaphene (8001-35-2)			X													

GATLIFF COAL

July 17, 2008

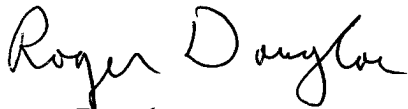
Vickie L. Prather, Acting Supervisor
Inventory and Data Management Section
KPDES Branch
Division of Water
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601

RE: Gatliff Coal Company
KPDES No. KY0101401
DSMRE #861-5295

Dear Madam:

Please find enclosed the reissuance fee of \$240.00 as required for the above referenced KPDES permit. It should be noted that this mine site has not been disturbed and accordingly no results of effluent discharge monitoring can be provided. The reason for the delay in submitting the required forms and the reissuance fee is the notice was sent to wrong address. We don't have any immediate plans to open the mine site and will not disturb the site until all required permits have been acquired and regulations are met. Please contact me at 606-549-6227 if there are any questions.

Sincerely,



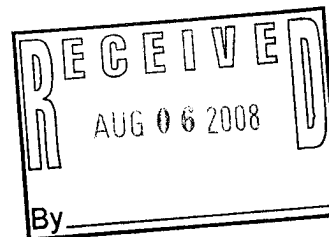
Roger Douglas
Gatliff Engineering

Enclosures
C: file

GATLIFF COAL

August 4, 2008

Morgan Elliston Office Support Supervisor
Surface Water Permits Branch
Division of Water
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601



RE: Gatliff Coal Company
KPDES No. KY0101401
DSMRE #861-5295
AI ID: 2543

Dear Madam:

Please find enclosed the requested sections of Form C completed to the best of our knowledge for the purposed sediment structures 1 and 2. I have also enclosed a copy of a DISCHARGE MONITORING REPORT from a nearby underground mine that should be representative of discharges from this purposed mine site. The outfall No. 001 on the DMR provided is representative of outfall NO. 2 of this permit, and outfall No. 01A is representative of outfall No. 1 of this permit. It should be noted that this mine site has not been disturbed and accordingly no results of effluent discharge monitoring can be provided, but actual samples will be submitted upon activation of permit. We don't have any immediate plans to open the mine site and will not disturb the site until all required permits have been acquired and regulations are met. Please contact me at 606-549-6227 if there are any questions.

Sincerely,

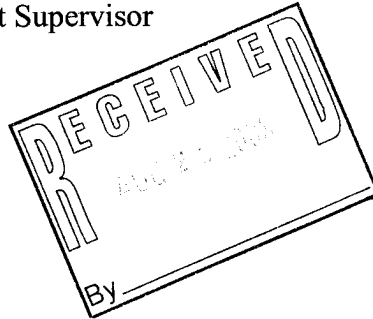
A handwritten signature in cursive script that reads 'Roger Douglas'.

Roger Douglas
Gatliff Engineering

Enclosures
C: file

August 23, 2008

Morgan Elliston Office Support Supervisor
Surface Water Permits Branch
Division of Water
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601




RE: Gatliff Coal Company
KPDES No. KY0101401
DSMRE #861-5295
AI ID: 2543

Dear Madam:

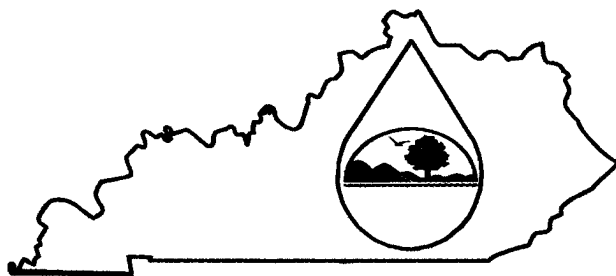
Please find enclosed the requested sections of Form C returned in a deficiency letter dated August 11, 2008, completed to the best of my knowledge with estimates of concentrations and other information requested. It should be noted that this mine site has not been disturbed and accordingly no results of effluent discharge monitoring can be provided. All information provided on these forms are estimates and not taken from actual samples. Please contact me at 606-549-6227 if there are any questions.

Sincerely,


Roger Douglas
Gatliff Engineering

Enclosures
C: file

KPDES FORM A



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch (502) 564-3410.

APPLICATION OVERVIEW	AGENCY USE							
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Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow \geq 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Greensburg Wastewater Treatment Plant

Mailing Address 127 Shady Lane
Greensburg Ky 42743

Contact person Eddie Wright

Title Director

Telephone number 270-932-5703

Facility Address 127 Shady Lane
(not P.O. Box) Greensburg Ky 42743

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name _____

Mailing Address _____

Contact person _____

Title _____

Telephone number _____

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility ☐ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES KY0023841 PSD _____

UIC _____ Other _____

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>City of Greensburg</u>	<u>2396</u>	<u>Separate</u>	<u>Municipal</u>
_____	_____	_____	_____
_____	<u>2396</u>	_____	_____
Total population served	_____		

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

_____ Yes x No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes x No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate _____ .75 _____ mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>	
b. Annual average daily flow rate	<u>.46 mgd</u>	<u>.57 mgd</u>	<u>.50 mgd</u>	mgd
c. Maximum daily flow rate	<u>1.83mgd</u>	<u>2.65 mgd</u>	<u>2.46 mgd</u>	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

<u> x </u> Separate sanitary sewer	<u>100</u>	%
_____ Combined storm and sanitary sewer	_____	%

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.? x Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	<u>1</u>
ii. Discharges of untreated or partially treated effluent	_____
iii. Combined sewer overflow points	_____
iv. Constructed emergency overflows (prior to the headworks)	_____
v. Other _____	_____

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes x No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

- c. Does the treatment works land-apply treated wastewater? _____ Yes x No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes x No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

☐ Primary
 ☒ Secondary
☐ Advanced
 ☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal 90+ _____ %
 Design SS removal 90+ _____ %
 Design P removal _____ %
 Design N removal 90+ _____ %
 Other _____ _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall? ☒ Yes ☐ No

d. Does the treatment plant have post aeration? ☒ Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 01

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.53	s.u.			
pH (Maximum)	7.00	s.u.			
Flow Rate	1.20	mgd	.50	mgd	Cont.
Temperature (Winter)	n/a				
Temperature (Summer)	n/a				

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	14	Mg/l	6.75	Mg/l	52	n/a	
	CBOD-5	n/a						
FECAL COLIFORM		355	#/100ml	43	#/100ml	52	n/a	
TOTAL SUSPENDED SOLIDS (TSS)		18.17	mg/l		Mg/l		n/a	

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____.002_____

Briefly explain any steps underway or planned to minimize inflow and infiltration.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____ Yes ____x No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____ n/a _____

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____ Yes ____x No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: _____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	25	Mg/l	14.25	Mg/l	52		
CHLORINE (TOTAL RESIDUAL, TRC)	0.000	Mg/l	0.000	Mg/l	52		
DISSOLVED OXYGEN	6.83	Mg/l	5.71	Mg/l	52		
TOTAL KJELDAHL NITROGEN (TKN)	n/a						
NITRATE PLUS NITRITE NITROGEN	n/a						
OIL and GREASE	n/a						
PHOSPHORUS (Total)	n/a						
TOTAL DISSOLVED SOLIDS (TDS)	n/a						
OTHER	n/a						

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title George "Lisle" Cheatham Mayor

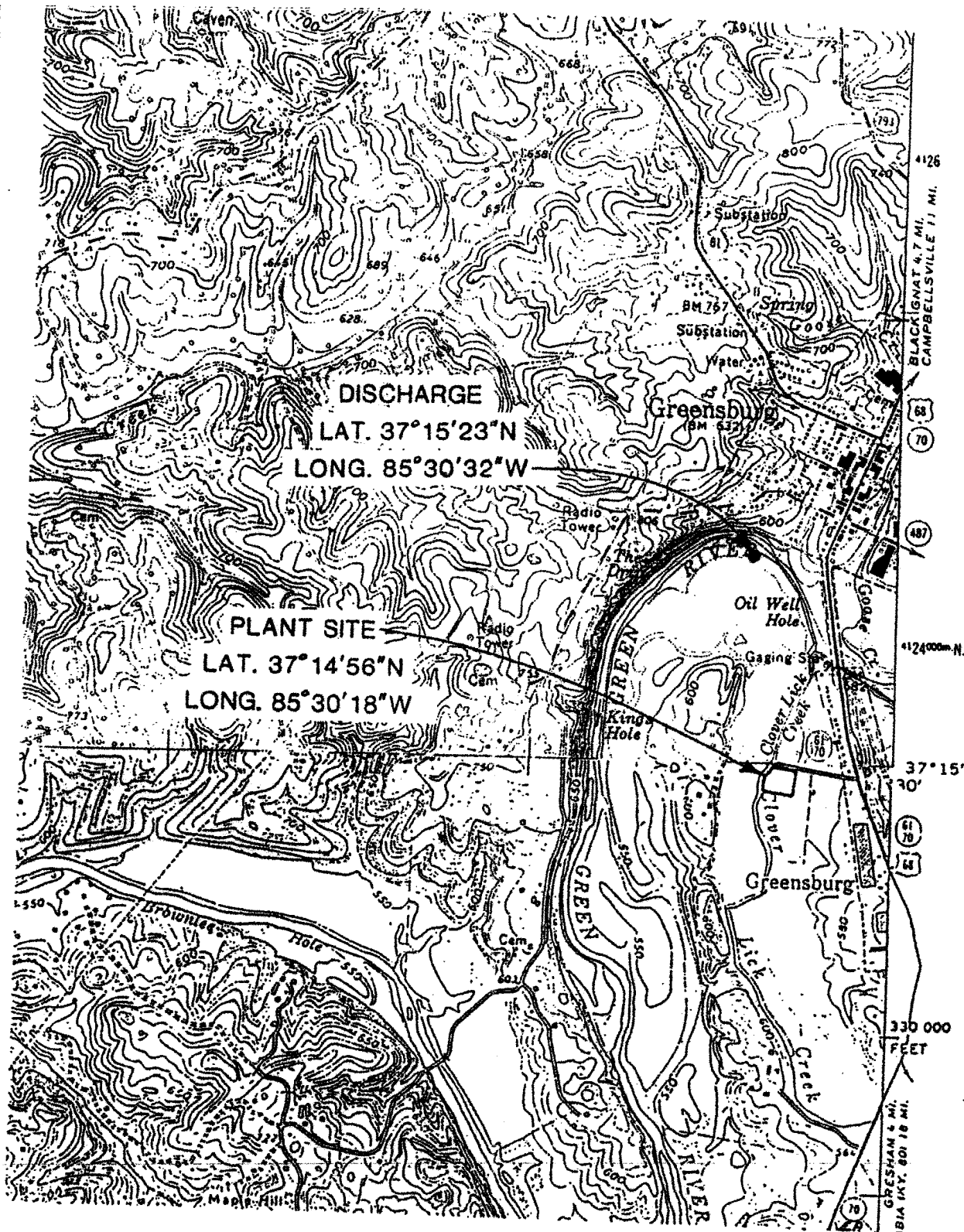
Signature 

Telephone number 270-932-4298

Date signed 8/21/2008

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:



SUMMERVILLE, KY.
SE 4 MAGNOLIA 15' QUADRANGLE
N3715-TW8530/7.5

1961

ANS 3858 I SE-SERIES V353

EXIE QUADRANGLE
KENTUCKY-GREEN CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)
NE 4 SULPHUR WELL 15' QUADRANGLE

CITY OF GREENSBURG GREEN COUNTY, KENTUCKY

SCALE: 1"=2000'

MSE Mayes,
Sudderth
& Etheredge,
Inc.
Engineers
Architects
Planners

14 Wellington Way
Phone: (606)223-5694

P.O. Box 24868
Lexington, Ky. 40524

LOCATION OF WASTEWATER TREATMENT FACILITY
AND DISCHARGE POINT MAP

SOURCE: U.S. GEOLOGICAL SURVEY TOPOGRAPHICAL MAP
GREEN RIVER DISCHARGE

DATE: APRIL 1996